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ABSTRACT

This document includes a successful model for implementing educational teleconferencing, the Geriatric Live Interactive Teleconferencing program at Virginia Commonwealth University (VCU). As a vehicle for continuing professional education, teleconferencing can transmit the latest information to large numbers of health professionals in a variety of settings. Participants are able to engage in interactive dialogue with faculty via live video broadcast and audio hookups. It also details the process and division of responsibilities for running the program and the cooperation of different offices and groups within the University necessary for producing the teleconferences. Also described here are six major functions essential to the program: (1) content development, (2) production, (3) delivery, (4) promotion and marketing, (5) accreditation, and (6) overall coordination. A section on evaluation discusses the value of participant evaluations and the generally positive response given to the VCU program. A final section notes that teleconferencing offers many benefits as a medium in geriatric education for imparting information and provides benefits to sponsoring institutions. Also included are a figure depicting the organizational structure of the VCU geriatic telecommunications program and two brochures about VCU program. Contains 13 references. (JB)

GERIATRIC LIVE INTERACTIVE TELECONFERENCING
VIRGINIA COMMONWEALTH UNIVERSITY

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AASCU/ERIC Model Programs Inventory Project

The AASCU/ERIC Model Programs Inventory is a two-year project seeking to establish and test a model system for collecting and disseminating information on model programs at AASCU-member institutions--375 of the public four-year colleges and universities in the United States.

The four objectives of the project are:

- To increase the information on model programs available to all institutions through the ERIC system
- To encourage the use of the ERIC system by AASCU institutions
- To improve AASCU's ability to know about, and share information on, activities at member institutions, and
- To test a model for collaboration with ERIC that other national organizations might adopt.

The AASCU/ERIC Model Programs Inventory Project is funded with a grant from the Fund for the Improvement of Postsecondary Education to the American Association of State Colleges and Universities, in collaboration with the ERIC Clearinghouse on Higher Education at The George Washington University.

A Model for Teleconferencing in Geriatric Education

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ABSTRACT. In this article, a successful model for implementing educational teleconferencing based on the experiences of the Geriatric Education Center at Virginia Commonwealth University is described. Components include the technical and human resources needed, processes involved, and key areas of responsibility. Teleconferencing offers many benefits as a medium in geriatric education. As a vehicle for continuing professional education, teleconferencing is a cost-effective means of transmitting "state of the art" information to large numbers of health professionals in a variety of settings. Participants at receive sites across the nation are able to engage in interactive dialogue with faculty with national reputations in their given areas of expertise via live video broadcast and audio hookups. The potential advantages of the teleconference medium to both program sponsors and participants are described in detail, and specific implications for geriatric training are discussed.

INTRODUCTION

A teleconference is an electronic meeting allowing a potentially large number of people to obtain the same information at the same time. Teleconferencing offers a convenient, cost-effective means of

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disseminating information, managing meetings and conducting training. The electronic meeting may be as simple as bridging telephone lines electronically to connect a number of individuals at different sites, or it may be as sophisticated as an international conference in which live video and audio signals are transmitted via satellite.

Although the technological capability for teleconferencing has been in existence for years, telecommunications has remained on the periphery of mainstream educational programming. Recently, however, a growing number of educational institutions are actively pursuing ways to use electronic technology effectively. *Educational-Industrial Television* (1986) cited increasing educational uses of teleconferencing, projecting worldwide teleconference sales to total over $3.7 billion by 1990. The business communication journal, *Teleconference* recently devoted a special issue to educational applications. The National University Teleconference Network (NUTN), the largest campus-based teleconference network in the United States, has a growing membership of approximately 200 institutions, and markets programs to approximately 350 potential members (National University Teleconference Network, 1987).

These and other developments point to a growing recognition of the value of teleconferencing as a resource for disseminating educational information in a timely and effective fashion. Educational administrators, with an eye toward cost-effectiveness, are seeing teleconferencing as a means of enhancing institutional visibility in distant areas. It is a means of expanding the number of "classrooms" (i.e., receive sites) and, more importantly, a means of increasing numbers of students trained, without corresponding increases in the numbers of faculty. Technological advances continue to lower costs of both broadcast and receive capabilities.

Although teleconferencing has been successfully used as an educational medium in a variety of health disciplines by private hospital networks (Danna, 1986), little programming has been developed specifically in geriatrics. Development of teleconferencing as an educational model by Geriatric Education Centers is, however, a logical extension in the use of the medium, which provides a means for helping to meet the federal mandate in geriatrics education. Recent reports (Butler, 1983; Department of Health and Human Services, Health Resources and Services Administration, 1980; Department of Health and Human Services, Public Health Service & National Institute on Aging, 1984) have documented dramatic disparities between the numbers of professionals needed with expertise

in geriatrics and those currently available in the various health disciplines. Despite significant progress in geriatric curriculum development in recent years, the discrepancy between human resource needs in geriatrics and the trained resources actually available to help meet these needs is expected to remain great, as the older population continues to grow both in numbers and in proportion to the total population.

For students in geriatrics, teleconferencing potentially has the same benefits as for students in other disciplines. As a vehicle for continuing professional education, teleconferencing has the capacity for transmitting information to large numbers of individuals in a variety of settings. It provides an effective means of bringing geriatric education to the multitude of health care professionals currently providing services to older adults who have had no formal, preservice training in geriatrics. Several potential audiences can be reached: (1) those who usually attend professional conferences and who, in all likelihood, will continue to attend; (2) those who, because of cutbacks in travel money, no longer have the resources to attend conferences despite their strong desire to do so; and (3) those who are geographically isolated and unlikely to have opportunities to participate in continuing professional education. Additionally, the marketing of teleconference videotapes offers opportunities to those who are heavily committed to patient care and unable to obtain release time to attend live broadcasts.

TELECONFERENCING AT THE VIRGINIA COMMONWEALTH UNIVERSITY GERIATRIC EDUCATION CENTER

In this context, the Geriatric Education Center (GEC) funded through the Department of Gerontology, School of Allied Health Professions, at the Medical College of Virginia/Virginia Commonwealth University (MCV/VCU) (in cooperation with the McGuire Veterans Administration Medical Center), initiated planning for a series of educational teleconferences in geriatrics. The GEC staff and the University's Director of Media Instruction met to discuss the idea in November 1985, immediately after notification of funding by the Federal Bureau of Health Professions. In June 1986, the first of a continuing series of video teleconferences was broadcast via microwave to five receiving sites, geographically distributed across the state of Virginia. By the fourth teleconference in Novem-

ber 1986, the decision was made to broadcast nationwide via satellite. Over a two-year period in 1986-87, the Virginia Commonwealth University Geriatric Education Center broadcast a total of eight teleconferences to 112 sites across the state and nation, with a total audience of 3,230 geriatric health care professionals. The success of these programs was resounding both in terms of response from within the University and in terms of participants' reactions.

Topics of earlier teleconferences were: Geriatric Medicine Today; Sensory Changes with Age; Recognizing and Treating Depression in the Elderly; Drug Use and Misuse in the Elderly; Suicide and Abuse: The Vulnerable Elderly; The Physiological and Psychological Challenge: Osteoporosis; Paying for Elders' Care: Virginia Looks at the 1990s; and Sexuality in Later Life. Topics for programs planned in 1988 are: Managing Urinary Incontinence in the Elderly and Health and Wellness in Older Adults. Planning is already underway for a series of three two-hour national teleconferences for the 1988-89 academic year.

For each teleconference, academicians and/or other professionals with expertise in the geriatric health care issue being discussed make a live presentation from the origination studio in Richmond, VA. Following the verbal presentations, which are enhanced by television production techniques, participants are able to pose questions via audio hook-up to the presenters in the studio. A live interactive dialogue between presenters and audiences then takes place. Those speakers who find it impossible to come to Richmond for a live presentation are videotaped in their offices, but then may be available for questions and answers at the time of the live teleconference broadcast by audio hook-up.

Each teleconference participant receives a packet of handout materials prepared by the presenters and the GEC Teleconference Coordinator. These consist of biographical sketches of presenters, an agenda of the broadcast, outlines for each presentation, statistical information, reading lists, pertinent journal articles, applications for continuing education credit, and evaluation forms. The supplementary materials in the packets are an important part of the educational experience. They provide participants with a guide during the program, serve as a resource for future use, and considerably enhance the information offered in the presentations.

Receive sites are self-selected. Teleconference program announcements are mailed to hospitals and educational institutions throughout the United States. Other Geriatric Education Centers re-

ceive a special mailing. Those institutions who wish to receive the teleconference broadcast notify the Teleconference Coordinator at Virginia Commonwealth University of their desire to participate. Technical information and handout packets are then sent to a designated coordinator at each receive site.

Receive sites may market the teleconference locally as co-sponsored by their institution. Some elect to plan "wrap-around" programs, bringing local experts to present additional information or lead a discussion on issues raised during the teleconference. This has a mutually beneficial effect in that the Geriatric Education Center's program is promoted, while institutions which serve as receive sites simultaneously gain visibility in their local areas.

However potentially advantageous teleconferencing might be, it should be noted that availing oneself of telecommunications technology requires certain capabilities and facilities on the part of the sponsoring institution(s). Primarily, and most obviously, teleconference participants must have access to broadcast facilities, and recipients must have satellite programming receive capability. Receive sites must have a satellite dish on campus, or have access to other organizations in the community willing to lend or lease satellite receive services. Organizations from which dishes might be leased include cable television companies, television stations and satellite equipment vendors.

Physical meeting facilities necessary for receive sites involve conference rooms with good audio systems and one large video projection system or color monitor for every ten to twelve viewers in the audience. A telephone line should be available so that questions can be called in to teleconference presenters. The local site facilitator coordinates the forwarding of questions from participants to the presenters.

Teleconference Process/Division of Responsibilities

The design, production and broadcast of successful educational teleconferences at Virginia Commonwealth University required close coordination of numerous professionals with a variety of complex skills. A key factor involved the recognition that what were being planned were essentially television presentations (Spataro, 1984). While some of the processes involved in planning a traditional, live conference may be the same, the inexperience of most

educators with the television medium often causes additional anxiety. Fortunately, VCU already had in place the infrastructure of technical and human resources to implement educational teleconferencing. What remained was for the GEC to initiate the process of programming in geriatrics.

The processes involved in developing the University's Geriatric Education Center's telecommunications-based programs are outlined in the following. Five distinct areas of responsibility are involved (see Figure 1). The Office of Media Instruction initially works with the GEC to identify and conceptualize advantageous media projects. Once a project begins, Media Instruction staff provide administrative support to the GEC Teleconference Coordinator for technical services and consultation with the other groups involved. More specifically, the Office of Media Instruction handles technical aspects of the broadcast such as scheduling the studio and satellite time, serves as liaison with the State Department of Information Technology, coordinates marketing to educational institutions in Virginia and nationally through the National University Teleconference Network, and handles receive site coordination.

Another University resource, the Media Services Department of University Library Services, provides production staff who work closely with the content experts to create an appropriate and effective program for delivery via the teleconference mode. Media Services personnel are responsible for scripting, visual production (computer visuals, dramatized vignettes, pre-recorded segments), direction of the program, and post-production activities (copying of videotapes). Studio facilities and staff are currently provided through contractual arrangement with a local public television station, although the University is working toward the development of its own production studio.

The Office of Continuing Education for Medicine and Allied Health supervises the processing of continuing education credits and provides liaison with the University Center for Continuing Education. The office also assists in marketing to hospitals through the Virginia Hospital Television Network.

The Teleconference Coordinator in the Geriatric Education Center is responsible for the entire project development. This includes design, production, promotion, evaluation, and quality control of the program. Specifically, the Teleconference Coordinator has responsibility for educational development and coordination, which includes selection of content, development of objectives, selection

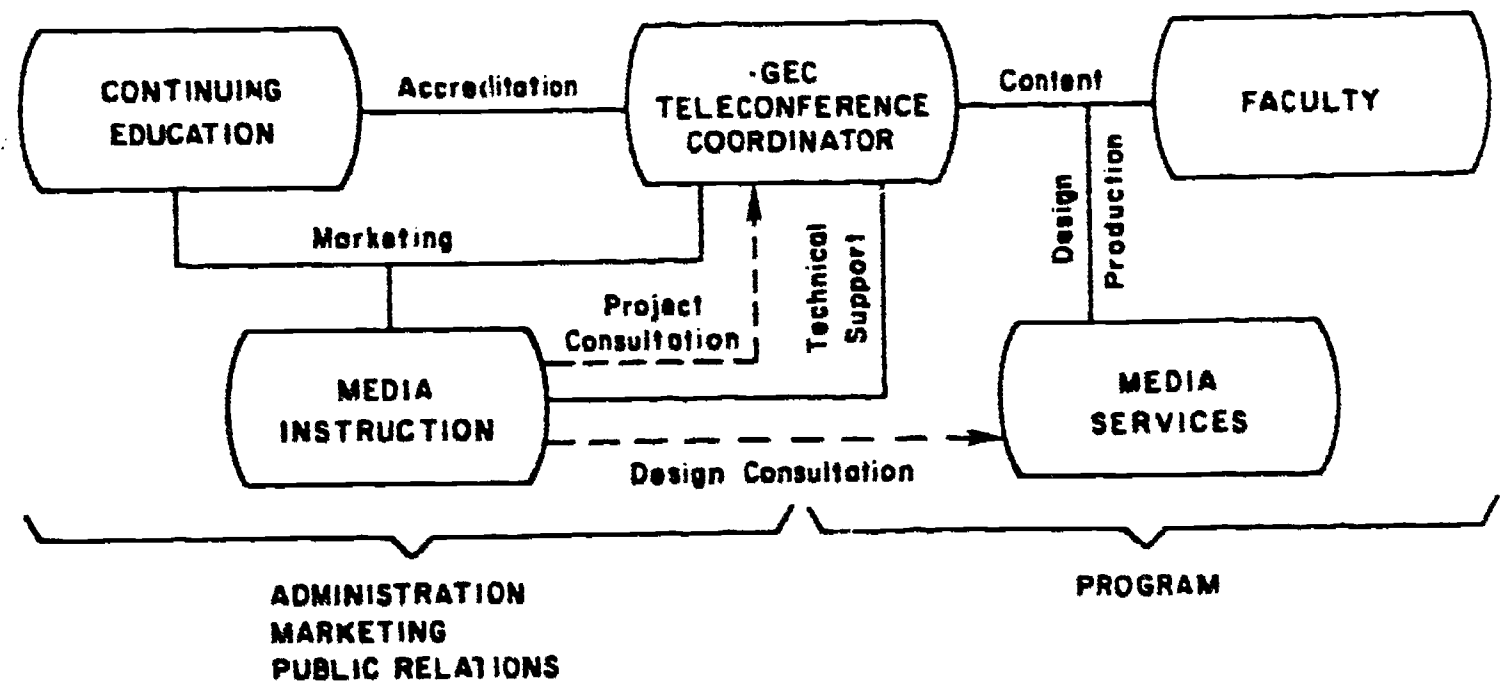

FIGURE I. ORGANIZATIONAL STRUCTURE OF THE VIRGINIA COMMONWEALTH UNIVERSITY GERIATRIC EDUCATION CENTER'S TELECOMMUNICATIONS PROGRAM

and coordination of faculty, and development of handout materials. The Geriatric Education Center's Executive Council, which represents the many health disciplines in the various schools of the University, provides consultation with regard to content areas and appropriate faculty.

The teleconference faculty are either University faculty or outside specialists. Many Executive Council members have served as presenters in addition to providing assistance in identifying other resources for selected topic areas. Each presenter is responsible for the development and presentation of specific content. All work closely with the design and production personnel to create a successful program.

While these divisions of responsibility reflect the organizational structure and development of the teleconferencing process within a specific university, a number of key functions and personnel needed to perform these functions can be identified in the present model. First is content development, which includes selection of content, evaluation of content and presentation, and quality control. In some teleconferencing models, this function is broken down into two or more components. Faculty of a particular department prepare content, while an instructional specialist, perhaps a staff member in the Department of Media Instruction, has responsibility for instructional design and evaluation (Boehnker, 1986). Since gerontology and geriatrics by definition involve multiple disciplines, more coordination is needed in the presentation of content. In the teleconference on Sexuality and Aging, for example, the topic was explored from the perspectives of developmental psychology, nursing, clinical medicine, and clinical psychology. It therefore seems appropriate that the function of content development should be handled by a Geriatric Education Center staff member with multidisciplinary skills. Skills in instructional design and evaluation are also useful since the Teleconference Coordinator is responsible for educational program development. Consultation and support in design and implementation of evaluation instruments is provided through the University's Center for Educational Development and Faculty Resources.

A second and third function are production and delivery of the program. Staff in this area are responsible for creative and technical aspects of program development and broadcast. They assist faculty in adapting presentation styles and supportive materials to the visual medium of television. They also provide liaison with government

agencies regulating broadcast activities and with external resources (public or private) which are frequently helpful in implementing such a complex operation (Lanier, 1986). At Virginia Commonwealth University, the production and delivery functions are separated as a result of the administrative structure within the University. Production has traditionally been seen as an audiovisual function and, therefore, has been performed by Media Services. The Office of Media Instruction, which has responsibility for mediating delivery mechanisms, is housed administratively within the Division of Continuing Studies and Public Service. At other institutions, teleconference production and delivery frequently are executed within the same administrative unit (Boehnker, 1986; Danna, 1985; Meuter, Urbanowicz, & Wright, 1987).

Another major function in teleconference development is promotion and marketing of the program to potential audiences. This function is frequently performed by a university Office of Continuing Education (Danna, 1985) or by the Media Instruction Coordinator (Boehnker, 1986). In the present program, marketing of the geriatric teleconference series is divided among the Geriatric Education Center, the Office of Continuing Education for Medicine and Allied Health, and the Office of Media Instruction. Different offices can be used for effective marketing because of their access to various networks. The academic department, or in this case the Geriatric Education Center, can most effectively identify potential audiences for specific content areas.

A fifth major function in educational teleconferencing involves accreditation. Since the geriatric teleconference series is offered exclusively for continuing education units rather than academic credits, this is clearly a function of the Office of Continuing Education.

The final and most important function is overall coordination. Ideally, effective coordination is combined with decentralized responsibility, with each office assuming responsibility for functions they perform. In other models, the coordinating function is performed by Instructional Telecommunications (Boehnker, 1986; Danna, 1985; Keating, 1986) or by Continuing Education (Meuter, Urbanowicz, & Wright, 1987). The Virginia Commonwealth University-Geriatric Education Center assumes ultimate responsibility for coordination of the various functions in the geriatric teleconference programs. This seems appropriate in a GEC teleconference

model, since it enhances the ability to maintain quality control and accountability to the funding agency.

Evaluation by Participants

Participant evaluations are an important means of providing accountability by documenting the effectiveness of the teleconferences. At every teleconference, evaluation forms are distributed to participants by site coordinators at each teleconference site. Completed forms are collected by site coordinators who, in turn, mail them to the Geriatric Education Center Teleconference Coordinator for analysis. Information is collected on participant background (occupation, discipline, level of education) and evaluation of the teleconference program. Questions are asked regarding overall quality of the program, expectations as to program content, assessment of various components of the teleconference broadcast, and professional utility of knowledge acquired.

In general, the Virginia Commonwealth University teleconferences have been well received. Approximately 74% of all teleconference participants have returned completed evaluation forms. The average rating of the overall quality of the seven programs produced in 1986-87 was 2.4 on a scale of 1-3 (1 = poor; 2 = good; 3 = excellent), SD = .54. More than 97% of participants rated the presentations as good or excellent. Ninety-one percent indicated that program content met or exceeded their expectations. Ninety-eight percent indicated that the content had professional utility for them in direct care of geriatric patients, in curriculum development, or in providing in-service training. Approximately 31% of the participants at the teleconferences have requested and been granted continuing education credits.

Benefits of Teleconferencing

Given institutional capability, teleconferencing can be a powerful medium of instruction for Geriatric Education Centers or any other academic entity involved in aging-related education. Teleconferencing is a unique method of imparting information, affording several potential benefits to both sponsoring institutions and to training recipients.

For those coordinating and conducting teleconferences, advantages include economic cost-effectiveness compared to other methods of programming, and the opportunity for widespread public vis-

ibility and name recognition (Public Service Satellite Consortium, 1981). For the network of Geriatric Education Centers currently facing an uncertain funding future and concerned about long-range viability, these benefits may be particularly attractive.

For large organizations with appropriate technical resources, teleconferencing may be far less budget-constricting than the coordination of live presentations with multiple speakers, particularly if a statewide, regional or national audience is to be targeted. Furthermore, a successful teleconference series may ultimately be marketed as a source of revenue for the sponsoring institution, as may copies of teleconference videotapes. To date, the Virginia Commonwealth University Geriatric Education Center has offered teleconference programming as a service and without charge to individual viewers, because the Geriatric Education Center has been funded with grant monies from the Federal Bureau of Health Professions. However, a fee is charged to national receive sites. As Geriatric Education Centers are being encouraged by the funding agency to become financially self-sufficient, the option of instituting a conference fee is being considered. The provision of high-quality teleconference programming then, can potentially be used by Geriatric Education Centers as one option for financial support and continued operation.

Also of interest to educators seeking to promote and preserve the Geriatric Education Center concept is the issue of public visibility and community awareness. The experience of the Virginia Commonwealth University Geriatric Education Center has been that teleconferencing is an excellent public relations tool, prompting awareness of the Center's existence throughout the Geriatric Education Center network and throughout the health professional community nationwide. Many health professionals have gained their first introduction to the Virginia Commonwealth University Geriatric Education Center via teleconferencing and have since chosen to become involved in other training activities offered by the Center. Thus, in addition to enhancing awareness of the Center, teleconferencing has proven to be a helpful auxiliary to recruitment efforts. Teleconferencing has also promoted not only greater public awareness, but higher visibility of the Geriatric Education Center within the academic community at Virginia Commonwealth University. The teleconference series has, in many ways, stimulated inter-departmental and inter-school alliances and cooperative activities, and fostered interdisciplinary collaboration.

Finally, this first sustained effort at teleconferencing has served as a demonstration project for the University's examination of the viability of telecommunications delivery. Its overall success has indicated the value of live satellite seminars for conveniently reaching broader audiences, providing education at a lower cost for participants, and providing new opportunities for departments and individual faculty. The consequences of these programs are a heightened awareness of the benefits of using media in educational programming and increased support to media instruction by the University's administration.

While the advantages of teleconferencing for gerontology/geriatrics trainers and educators are undeniable, perhaps of even greater importance are the benefits of this medium for participants. On the most pragmatic level, teleconferencing typically saves participants travel time. This may be a particularly attractive feature for busy educators and practitioners in the health professions, for whom time is usually at a very high premium. Health care professionals find it more cost-effective to receive training in geriatrics at a local, easily-accessible teleconference receive site, than if they must invest the time and expense necessary to be trained by live presenters at a distant location.

The nature of the medium itself appears to be highly effective in facilitating participants' learning (Public Service Satellite Consortium, 1981). First, the viewer's ability to have direct access to sources of information (i.e., the conference speakers) prevents the diffusion or misinterpretation of important information. Also, the creative use of multiple speakers, bold graphics and audiovisual aids, which are encouraged by curriculum designers in telecommunications, helps capture the imagination of viewers, keeping them mentally active. Additionally, the opportunity for interactive dialogue with expert presenters and viewers at a multitude of sites encourages lively and stimulating discussion and promotes sharing of new concepts and skills. At Virginia Commonwealth University teleconferences, many participants have actively sought to interact with presenters in this way. The interaction benefits of a heterogeneous, multidisciplinary audience and panel of presenters are typically not available in a discipline-specific conference. The availability of continuing education credits provides another professional service to audiences.

Finally, at least at the present time, teleconferencing is an exciting technical innovation to geriatric health professionals. Confer-

ence participants are likely to be motivated by the awareness that they are very much involved in the "cutting edge" of geriatrics training and that the programming they are receiving exposure to is highly current and up-to-date.

For those Geriatric Education Centers and other educational institutions committed to quality training in the field of aging, telecommunications appears to be a promising strategy, and one that can provide truly state-of-the-art information in geriatrics.

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TODAY'S TOP EXPERTS IN GERIATRICS

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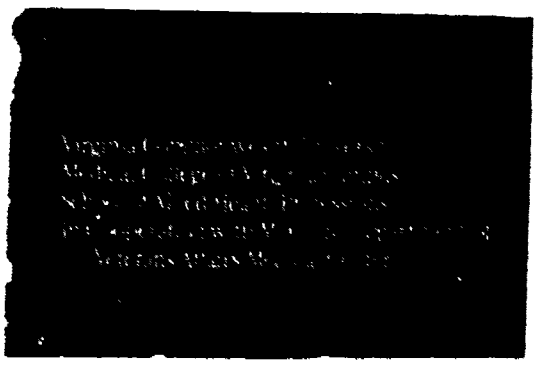

1989
1990

Geriatric Education Center Video Conferences. Live Via Satellite.

By subscribing to Virginia Commonwealth University's Geriatric Education Center Video Conferences, you and your colleagues will have the chance to learn from and interact with leaders in the field of geriatrics.

These informational programs cover topics at the height of interest in the geriatric field: falls later in life and drug and alcohol abuse in older adults.

Subscribers are permitted to invite colleagues to attend the transmission, and, with access to a toll-free number, your group can ask the panel members questions, or present views on the topic.

October 11, 1989:
Falls In Late Life:
Problems and Prevention

Eastern Time: 1 pm - 3 pm
Central Time: 12 noon - 2 pm
Mountain Time: 11 am - 1 pm
Pacific Time: 10 am - 12 noon

Until recently, falls were merely considered unfortunate by-products of aging—events which often led to disability in older victims. But new insight into the physical and psychological consequences of falling is helping professionals in geriatrics teach their patients how to cope with the aftermath of falls, and how to prevent recurrence.

"Falls In Late Life" will focus on: physical and psychological problems brought on by falls; older persons' fear of falling; the epidemiology of falls in community and institutional settings; and management of patients who have fallen.

The conference will explore assessment and evaluation techniques, as well as home and institutional prevention measures.

Faculty

Richard Weindruch, PhD
Program Administrator
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Kenneth Brummel-Smith, MD
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Gail Hills Maguire, PhD, OTR/L, FAOTA
Professor
Department of Occupational Therapy
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February 14, 1990:
Alcoholism and Substance Abuse in Older Adults

Eastern Time: 1 pm - 3 pm
Central Time: 12 noon - 2 pm
Mountain Time: 11 am - 1 pm
Pacific Time: 10 am - 12 noon

There are drug and alcohol abusers in every age group. But since most elderly people don't fit the "abuser" stereotype, chemical dependency in the older adult is often overlooked by healthcare providers.

By realizing that these problems do exist, and by knowing how to treat them, geriatric healthcare providers can help older adults overcome their addictions.

"Alcoholism and Substance Abuse In Older Adults" will look at the distinct differences between abuse and addiction; the disease model of chemical dependency; assessment and evaluation measures in community and institutional settings; and effective treatment modalities for the older population.

Faculty

Mary L. Ganikos, PhD
Program Director for Late Life Alcohol Abuse
National Institute on Alcohol Abuse and Alcoholism
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Margaret Gordon, RN
Consultant in Alcoholism and Substance Abuse in the Elderly
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Frederic C. Blow, PhD
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University of Michigan Alcohol Research Center
University of Michigan Hospitals
Ann Arbor, Michigan

Ray Raschko, MSW
Director of Elderly Services
Spokane Community Mental Health Center
Spokane, Washington

Fees

The fee for reception of the video conference is $350 for each program, or $600 for both. Secondary sites may be added to a primary site for an additional $100. Primary sites are administratively responsible for secondary sites.

Fees include the right to receive the program(s) and one copy of the printed program handouts, which will be duplicated at the reception site.

The program(s) may be used in-house, or marketed to local clientele to offset costs. Sites may record on videotape or audiotape one copy of the program(s), to be used by in-house staff only.

For More Information

To register, simply fill out the enclosed card and mail it to VCU-GEC. If you have further questions, feel free to get in touch with any of the contacts listed below.

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Office of Media Instruction
VCU
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Richmond, VA 23284-2041
(804) 367-8460

Receive Site Commitment Form

__ Yes, we would like to serve as a host site for both VCU-GEC video conferences.

__ Yes, we would like to serve as a host site for the following video conference:

__ Falls in Late Life
October 11, 1989

__ Alcoholism and Substance Abuse in Older Adults
February 14, 1990

Institution _____

Contact Person _____

Address _____

_____

_____

Telephone _____

We expect to receive the videoconference on

C Band Motorized _____

C Band Fixed _____ Satellite _____

Ku Band Motorized _____

Ku Band Fixed _____ Satellite _____

Please keep our name on the mailing list for future video conferences

__ Yes __ No

Please return this form by September 15, 1989.

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Virginia Commonwealth University
Geriatric Education Center
Attention: Robin H. McMahon
Box 228, MCV Station
Richmond, VA 23286-0440

Program Accreditation

CEU Credit	0.2 Continuing Education Units have been awarded by the Center of Continuing Studies, Virginia Commonwealth University.
CME Credit	The Medical College of Virginia Office of Continuing Education in Medicine and Allied Health (MCV) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. MCV approves this program for 2 hours of Category I credit, provided it is used and completed as designed.
Nursing CEU	This program has been approved for 2 contact hour credits by the Virginia Nurses' Association, which is accredited by the American Nurses' Association Board on Accreditation.
Nursing Home Administrator CEU	This program has been approved by the Virginia Board of Examiners for Nursing Home Administrators licensed in the state of Virginia for 2 hours of continuing education credit.

How To Receive The 1989-1990 Geriatric Video Conferences

The Geriatric Video Conferences will be delivered by satellite on both C and Ku bands. An information sheet listing transponder information and a phone number for call-ins will be provided to contracted reception sites.

If your organization doesn't have satellite reception capability, you may want to call your local college, cable television service, educational television, or satellite sales company to find out if the service can be rented at a reasonable cost.

VCU-GEC recommends using motorized dishes for reception, since heavy bookings occasionally create a need to use alternative satellites.

Your Responsibilities

Reception site personnel are responsible for marketing the program(s) to local clientele. With the proper marketing, you can increase attendance, and lower your organization's absorbed cost for the program. Marketing in the Richmond area will be conducted by VCU-GEC.

You will also be responsible for copying and disseminating handout materials. You will receive one copy of this information from VCU-GEC.

The reception site must provide a Site Facilitator. The Site Facilitator will oversee participant registration, and make sure that every participant completes a sign-in sheet, CEU forms, and evaluation forms.

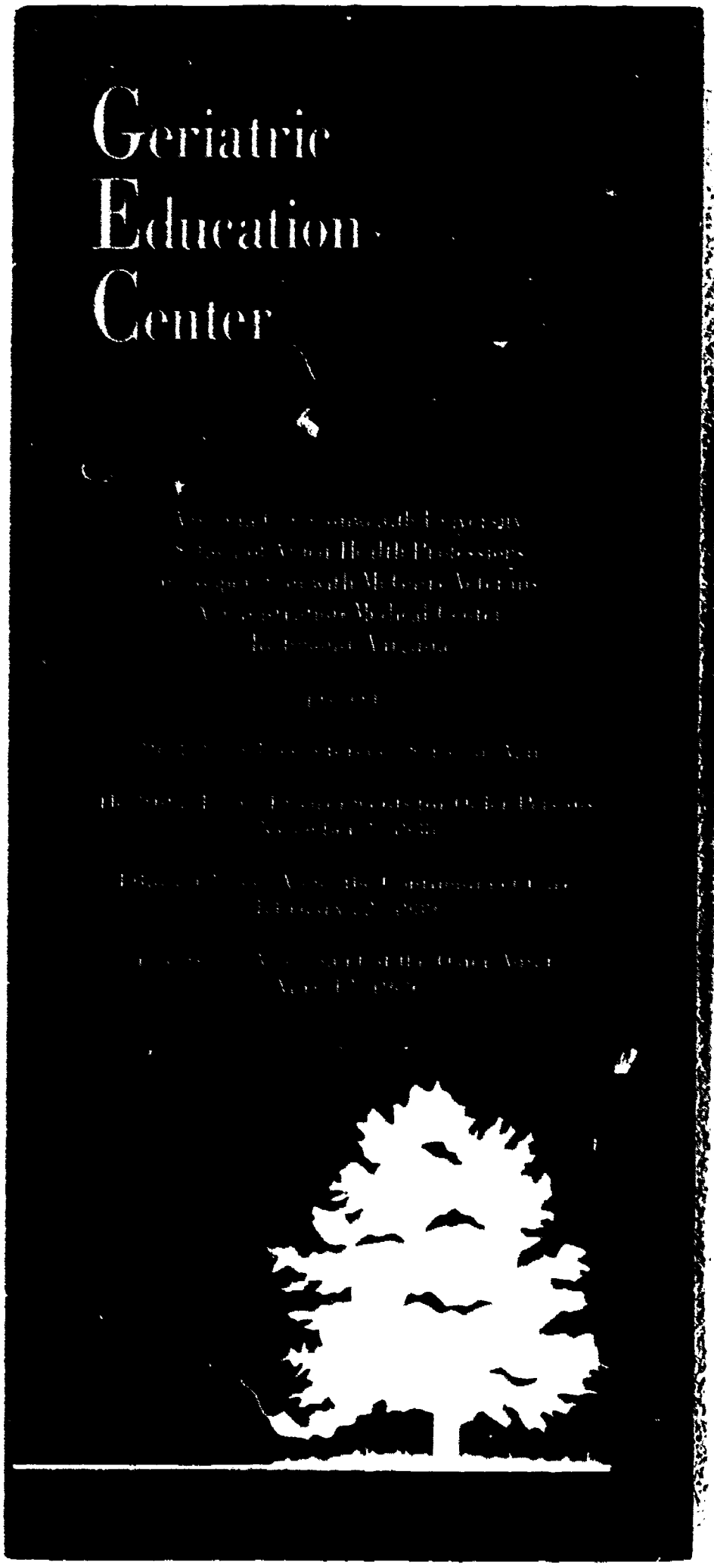
Cancellations

You can cancel by September 13, 1989, for "Falls In Late Life," by January 17, 1990, for "Alcoholism and Substance Abuse", with no penalty charges.

Your cancellation must be made in writing. Sites cancelling after the deadline are subject to the full fee for receiving the video conference.

VCU-GEC will not be held responsible for the failure to provide services due to Acts of God, labor disputes, and/or any other reasons beyond our control.

Geriatric Education Center



Healthful Living Environments for Older Persons

November 2, 1988
1–3 pm EST

"Healthful Living Environments for Older Persons" looks at the importance of an older person's environment from a variety of perspectives. Some of the topics to be covered include theories on environment and aging, structural and physical design of living environments, environmental factors to consider when designing a residence or community, and the importance of adaptive devices in helping an older person maintain the highest level of independence.

M. Powell Lawton, Ph.D.
Director of Behavioral Research
Philadelphia Geriatric Center
Philadelphia, Pennsylvania

Ronald O. Crawford, A.I.A.
Sherertz, Franklin, Crawford, Shaffner, Inc.
Roanoke, Virginia

Gail L. Hartwigsen, Ph.D.
Consultant in Environmental Gerontology
Gaithersburg, Maryland

Sandra H. Cash, M.S., OTR
Assistant Professor of Occupational Therapy
Virginia Commonwealth University
Richmond, Virginia

Ethical Choices Along the Continuum of Care

February 22, 1989
1–3 pm EST

As the technical capacity for prolonging life increases, so does the number of ethical decisions and choices concerning care. Health care professionals face ethical decisions ranging from deciding competency to advocating patient rights to recommending treatment options.

The legal ramifications of ethical decisions will be discussed as well as the health care worker's viewpoint. Some of the issues raised include competency, guardianship, patient rights, patient advocacy, and ombudsman programs.

Rosalie A. Kane, D.S.W.
Professor, School of Social Work and
School of Public Health
University of Minnesota
Minneapolis, Minnesota

Robert L. Schneider, D.S.W.
Professor of Social Work
Virginia Commonwealth University
Richmond, Virginia

David J. Doukas, M.D.
Fellow, Joseph and Rose Kennedy Institute of
Ethics
Georgetown University
Washington, D.C.

Elias S. Cohen, M.P.A., J.D.
Vice-President, Community Services
Institute, Inc.
Narberth, Pennsylvania

Functional Assessment of the Older Adult

April 12, 1989
1–3 EDT

Quality geriatric care depends on accurate assessments of the patient. Multidimensional assessments of health status are necessary to determine the interrelationship between the physical, mental, and social well-being of an older individual.

Some of the topics to be covered in "Functional Assessment of the Older Adult" include different assessment measures that are currently in use and the factors which should be targeted for measure.

T. Franklin Williams, M.D.
Director, National Institute on Aging
National Institutes of Health
Bethesda, Maryland

Sheldon M. Retchin, M.D., M.S.P.H.
Associate Professor and Chairman
Division of Geriatric Medicine
Virginia Commonwealth University
Richmond, Virginia

Jean F. Wyman, Ph.D., R.N., C.
Director, Graduate Program in Gerontologic Nursing
Virginia Commonwealth University
Richmond, Virginia

Steven B. Lovett, Ph.D.
Clinical Psychologist, Division of Vision and Aging
Geriatric Research, Education and Clinical Center
Veterans Administration Medical Center
Palo Alto, California

Target Audience

- All professionals involved in providing health services for older adults.
- Educators and students in the field of aging.
- Staff of community service agencies, such as area agencies on aging and senior centers.
- Staff of homes for adults, nursing homes, and other residential care facilities.
- Hospital staff and others who provide community education programs.

Contact Persons

Program: Robin H. McMahon, M.S.
Teleconference Coordinator
Geriatric Education Center
Virginia Commonwealth University
Box 228
Richmond, VA 23298-0228
(804) 225-4101

Joan B. Wood, Ph.D.
Educational Services Director
Geriatric Education Center
Virginia Commonwealth University
Box 228
Richmond, VA 23298-0228
(804) 786-8903

Technical: Richard A. Alekna, Director
Office of Media Instruction
Box 2041
Richmond, VA 23284-2041
(804) 367-8460

Host Site Commitment Form

____ Yes, we would like to serve as a host site for all three VCU-GEC teleconferences.

____ Yes, we would like to serve as a host site for the following teleconferences:

____ Healthful Living Environments for Older Persons
November 2, 1988

____ Ethical Choices Along the Continuum of Care
February 22, 1989

____ Functional Assessment of the Older Adult
April 12, 1989

Institution _____

Contact Person _____

Address _____

_____

_____

Telephone _____

Please keep our name on the mailing list for future teleconferences:

Yes ____ No ____

Please return this form by September 30.

Continuing Education
Continuing Medical Education (CME), general Continuing Education Unit (CEU), and Nursing CEU credits have been approved for all three programs.

Delivery Mode
The programs will be delivered live via satellite on both C and Ku bands. A complete technical information sheet will be provided to those sites committed to receive the programs, listing a phone number for call-in questions.

How to Acquire Satellite Services
If your organization does not have satellite reception capability, you may wish to contact local colleges, cable television, educational television, or satellite sales companies to see if you can lease this service at a reasonable cost.

Pricing
The fee will be $300 for each teleconference or $800 for the series of three. This fee includes the right to receive the program(s) and one copy of the printed program handouts that are to be duplicated at the receiving site. The program(s) may be used in-house or marketed to local clientele in order to offset costs. Sites may record on video or audiotape one copy of the program(s) for in-house staff use only.

Requirements of Receive Sites
Each site is responsible for marketing the program(s) to local clientele to increase attendance. No marketing to individuals will be done by VCU-GEC except in the Richmond, Virginia area. Thus, it is necessary for receive sites to publicize the program in their local areas.

Sites will receive one set of all handout material to copy for each participant. Each site must have a site facilitator who will be responsible for registering participants and ensuring that participants complete the sign-in sheets, CEU forms, and evaluation forms.

The sign-in sheets, indicating the number of participants, CEU sheets, and evaluation forms must be returned to the VCU-GEC by the site facilitator within three weeks of the teleconference.

Attention: Robin H. McMahon

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 1978 RICHMOND, VA

Postage will be paid by addressee

Virginia Commonwealth University
Geriatric Education Center
Box 228, MCV Station
Richmond, VA 23219-9990

No postage necessary if mailed in the United States